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## **OLR Bill Analysis**

**sSB 325 (File 383, as amended by Senate "A")\***

### ***AN ACT CONCERNING MEDICAID RECIPIENTS WITH COMPLEX MEDICAL NEEDS.***

#### **SUMMARY:**

This bill requires the Department of Social Services (DSS) commissioner to report, by January 1, 2015, to the Human Services Committee on the impact of several potential changes to DSS policies on Medicaid reimbursement for complex rehabilitative technology (CRT). The report must include the impact of (1) designating products and services as CRT, (2) evaluation requirements for individuals receiving certain CRT, (3) setting minimum standards for CRT suppliers, and (4) preserving an option to bill and pay for CRT as a purchase in certain cases.

The bill also requires DSS to submit any proposed policies, procedures, and regulations on CRT to the committee for its review and approval at least 30 days before implementation.

\*Senate Amendment "A" replaces the original bill, which limited a provision on use of certain refurbished durable medical equipment (DME) to certain programs.

EFFECTIVE DATE: Upon passage

#### **DSS REPORT**

##### ***Designation of Products***

Under the bill, DSS must report on the impact of designating certain products and services as CRT. The bill defines CRT as products classified as DME within the Medicare program as of January 1, 2013, that are individually configured and medically necessary for individuals to meet specific and unique medical, physical, and functional needs and capacities for basic and instrumental activities of

daily living (see BACKGROUND). “Individually configured” means a device customized by a qualified CRT supplier to have a combination of sizes, features, adjustments, or modifications for a specific individual that are measured, fitted, programmed, adjusted, or adapted to be consistent with the individual’s medical condition, physical and functional needs and capacities, body size, period of need, and intended use.

Under the bill, CRT includes:

1. complex rehabilitation manual and power wheelchairs and accessories;
2. adaptive seating and positioning items and accessories; and
3. other specialized equipment and accessories, including standing frames and gait trainers.

The designation includes products and services included in mixed and pure Healthcare Common Procedures Coding System (HCPCS) codes. HCPCS codes are billing codes based on current procedural technology codes developed by the American Medical Association and overseen by the federal Centers for Medicare and Medicaid Services. The bill distinguishes between pure HCPCS codes, which it defines as codes referring exclusively to CRT products and services, and mixed HCPCS codes, which are those that refer to a mix of CRT products and standard mobility and accessory products.

### ***Evaluations***

DSS must also report on the impact of requiring eligible individuals receiving a CRT manual or power wheelchair or seating component to be evaluated by a:

1. qualified health care professional, defined in the bill as a health care professional licensed by the Department of Public Health, such as a physician, physical therapist, occupational therapist, or other specialized health care professional and with no financial relationship with a qualified CRT supplier; and

2. qualified CRT professional, who is an individual certified as an Assistive Technology Professional by the Rehabilitation Engineering and Assistive Technology Society of North America.

***Minimum Standards for CRT Suppliers***

The bill requires DSS to report on the impact of setting minimum standards for CRT suppliers to be eligible for Medicaid reimbursement. Under the bill, a qualified CRT supplier is a company or entity that:

1. is accredited by a recognized accrediting organization as a CRT supplier;
2. is an enrolled Medicare supplier and meets the supplier and quality standards established for DME, including those for a CRT supplier under the Medicare program;
3. has at least one employee who is a qualified CRT professional for each service location to (a) analyze the needs and capacities of an eligible individual in consultation with a qualified health care professional, (b) participate in the selection of appropriate covered CRT for those needs and capacities, and (c) provide technology-related training in the proper use of CRT;
4. requires a qualified CRT professional to be physically present for the evaluation and determination of appropriate CRT for an eligible individual;
5. is capable of providing service and repair by qualified technicians for all CRT it sells; and
6. provides written information to the eligible individual when the CRT is delivered regarding how to receive service and repair.

***Billing Option***

Finally, DSS must report on the impact of preserving the option for CRT to be billed and paid for as a purchase, allowing for single

payments for devices needed for at least one year. This option excludes approved crossover claims for clients enrolled in both Medicare and Medicaid.

## **BACKGROUND**

### ***Medically Necessary Health Services***

By law, medically necessary health services are those that are required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate an individual's medical condition, including mental illness or its effects, to attain or maintain the individual's achievable health and independent functioning. The services must be:

1. consistent with generally accepted standards of medical practice based on published credible scientific evidence, recommendations of a physician-specialty society, views of physicians practicing in relevant clinical areas, and any other relevant factors;
2. clinically appropriate in terms of type, frequency, timing, site, extent, and duration, and considered effective for the individual's illness, injury, or disease;
3. not primarily for the individual's convenience, or that of the individual's health care provider or other health care providers;
4. not cost more than an alternative service or sequence of services that produce equivalent therapeutic or diagnostic results; and
5. based on an assessment of the individual and his or her medical condition (CGS § 17b-259b).

## **COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea    17    Nay   0    (03/20/2014)